



16 PTH

1634

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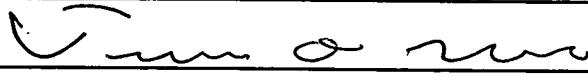
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		Application Number	09/911,904
		Filing Date	07/23/2001
		First Named Inventor	Spencer FARR et al.
		Group Art Unit	1634
		Examiner Name	Jeanine A Goldberg
Total Number of Pages in This Submission	1	Attorney Docket Number	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Timothy D. Nolan	
Signature	 P-53,394	
Date	03/13/2003	

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/911,904
Filing Date	7/23/2001
First Named Inventor	Spencer Farr et al.
Art Unit	1634
Examiner Name	Jeanine Goldberg
Attorney Docket Number	

To: Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

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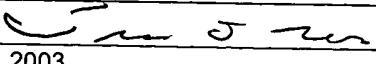
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	John K. Abokhair			
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Address	11800 Sunrise Valley Drive, Suite 1000			
City	Reston	State	Virginia	Zip 20190
Country	USA			
Telephone	1-703-391-2901		Fax	1-703-391-2901
<input checked="" type="checkbox"/> This request is made on behalf of myself and <input type="checkbox"/> all the attorneys/agents of record. <input type="checkbox"/> the attorneys/agents (with registration numbers) listed on the attached paper(s), or <input type="checkbox"/> the attorneys/agents associated with Customer Number <input type="text"/>				

This request is enclosed in triplicate (including any attachments).

Name	Tim Nolan
Signature	 P-53,394
Date	March 13, 2003

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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